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THE

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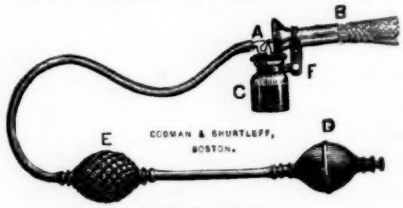


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## Original Communications.

### ACUTE PERITONITIS.

BY EDWIN A. CARPENTER, M. D., BAILEYVILLE, ILL.

EDITORS MEDICAL EXAMINER:—Conceiving it to be the duty of practitioners of medicine to report the cases in their practice which presents anything unique, either in the management of the cases therapeutically, comparing with text-books, or acknowledged modes of practice, I subjoin an epitomized account of two cases which occurred in my practice two years since.

Case 1. History: Mrs. T. Williams, æt. 24; American; seen May 26th, 1870. Had enjoyed good health until the 23d of the month, when, experiencing acute pain in the umbilical region, she was attacked with diarrhœa. The bowels, judging from the quantity of fecal matter, evacuated their entire contents. She sought the recumbent posture, but obtained no rest from the pain, which rapidly increased. At first, experienced only in the umbilical region, it gradually spread downwards, and became more intense in the hypogastrium. She was the mother of one child six weeks old, which she nursed up to the advent of the disease. Had a chill a few hours prior to my arrival.

Symptoms when first seen: Her appetite is entirely lost. The tongue covered with fur, brown in the center. Lips, dry and cracked. Abdomen somewhat swollen, but would allow of no manipulation, owing to the pain it produced. The respiration is hurried, being nearly thoracic in character, numbering twenty-two per minute. No dullness on percussing the chest. Has frequent desire to pass water, which is voided in small quantity, attended with uneasiness. Face flushed, expression anxious. Pulse, 124–3; severe headache. Treatment: Fomentations to abdomen. ℞ Opium powd. gr. 8. Sub. nit. bismuth, grs. 24. Mix, and divide into eight powders. S. One to be taken every hour until free from pain, or the number of respirations reduced in frequency below their normal standard.

Progress of the case: May 27th. The patient has taken one powder every hour; is in more pain; breathing labored; respirations 21 per minute; pulse 132; bowels quiet; cephalalgia not quite so severe; knees drawn up; pupils slightly contracted. To take strong leaf tea. To have two grains of opium every hour. Sinapism to abdomen, to be left on until redness supervenes. Evening: Abdomen very much distended. Begs for something to quiet the pain. Respirations 20. Pulse 140 beats per minute. Countenance presents great anxiety. Has not passed urine for eight hours, but has desired to do so. Catheterized, getting but a few ounces of urine of an ammoniacal odor. Perspiring profusely. Medicine has been taken regularly.

Left powders containing three grains of opium with one-twelfth grain of calomel, each one of which are to be given every half-hour, until free from pain, or the number of respirations reduced in frequency to ten per minute. Fomentations to be re-applied. 28th: Has taken her medicine every half-hour. Respirations 12. Pulse 135; pupils contracted somewhat. Exquisite pain on slight abdominal pressure. Took nourishment during the night, and frequently complained of the pain she experienced. Directed the continuance of the treatment. Met my esteemed friend, B. T. Buckley, M. D., of Freeport, Ill., in consultation, who fully concurred in the past treatment, and advised its continuance, but thought her beyond recovery. Blister applied; beef tea in suitable quantity.

Evening: Still in *pain*. Has taken her medicine regularly. Blister has not produced any irritation. Catheter. Directed the abdomen to be painted with comp. sol. iodine, to be followed by turpentine stupes. Pulse, 114. Respirations 10. Abdomen distended, seemingly, to its full capacity. At this time a noisome odor pervaded the apartment, rendering it very disagreeable to the ladies in attendance, despite a liberal use of chlorinated soda as a disinfectant. If one brought their hand in contact with her person, the odor would remain for hours, in

spite, even, of washing them in a weak solution of carbolic acid. Treatment continued with above additions.

Was called again at 11 P. M. Found her suffering acutely, notwithstanding she took regularly six grains of opium per hour. The pain was more severe in the hypogastrium than elsewhere. Catheter. Left five grains of opium in each powder, *one of which was to be given every half-hour*, until the pain ceased, or the number of respirations reduced to eight per minute. Residing five miles from the patient, I left a goodly number of powders, so in case I was unavoidably detained, she might not be without *opium*. Left a diuretic composed of nitrous ether and fl. ext. digitalis. The same local applications were continued. 29th: Patient free from pain. Her husband gave *ten powders the first hour*, being determined, he said to "ease the pain, if there was *strength* enough in the medicine to do it." One powder every hour thereafter. His statement was coroborated by three ladies of intelligence and good standing in society. Pulse 108. Respiration 10 per minute. Pain *acute* on pressure. She was well under the influence of the drug, but toxic phenomena were not present to an alarming extent. Has taken nourishment. Catheterized.

Directed them to give, not to exceed two powders every hour. Evening. Pulse 107. Respirations 10 Has taken two powders every hour; has taken nourishment. Catheter. Tincture opii was now substituted for the powder, taking one teaspoonful every half-hour, except twice, when she took only one spoonful once per hour. Local applications the same, which produced but little visible effect, save a slight desquamation of the cuticle, caused by the iodine. 30th: Pulse 98. Respiration 10. Gums tender. Not in so much pain. Abdomen less in size. Catheter. Directed the iodine to be omitted, applying only the warm turpentine. One teaspoonful of laudanum per hour. Alcoholic stimulants in small doses. Evening: Patient in less pain. Catheter. June 1st: Increased pain in the hypogastrium. On passing the catheter, the eyes became blocked up with epithelium, which, with agitation, flowed out with about one pint of urine. Diagnosed cystitis as a complication. Directed fomentations to hypogastrium; other treatment continued. Evening: Catheter. A sickening odor emanated from the vagina, which was disinfected with labarques sol. chlorinated soda diluted. One to two drachms of laudanum hourly. Respirations 11. Animal broths in liberal quantities. June 2d: Pain much less severe on pressure. Pulse 86. Abdomen not near so tympanitic. One grain of opium every three hours. Evening: Not in pain unless considerable pressure is used. 3d: Urinated at will. No pain. 4th: Discharged as a regular recipient of visits.

Commentary: The history of this case would lead one to infer that intestinal perforation had occurred. Dr. S. O. Hebershon made an analysis of 500 cases (vide Medical and Surgical Transactions, London, vol. xliii, 1860). From an analysis of the cases he draws the following conclusions: First, It is never idiopathic in its origin, but, when not traumatic, nor due to perforation of viscera, it is dependent either on extension of disease from adjoining viscera, or on certain nutritive changes, or on blood changes, such as occur in pyæmia, albumenuria, etc., or connected with struma, cancer, etc., or lastly, on local hyperœmia, arising from cirrhosis, disease of the heart, etc. The cause must influence the treatment to a greater or less extent. Thus, if from intestinal perforation, keep the bowels quiet until repair has taken place, and, as pain soon exhausts one, *quell the pain;* supporting measures from the onset are advisable to forestall exhaustion.

Case 2d. History: J. Lane, American, æt. 70, wife of a retired farmer. Seen Nov. 11th, 1870. Had enjoyed excellent health up to a few days prior to my being called in; even at her advanced age attending to the domestic duties of her house. Had experienced pains, at first obtuse, but latterly acute in the right inguinal region, which was rapidly diffused over the abdomen, being more intense in the right inguinal region. Her bowels had been regular. The tissues were well nourished, presenting that plumpness of

form commonly met with in rural districts, in the persons of young women.

Symptoms when first seen: Her appetite is lost; tongue covered with fur; lips dry; some thirst. Respirations thoracic in character, numbering 23 per minute. Knees drawn up; decubitus dorsal. Physical exploration of chest revealed its contents in a healthy condition. Micturation frequent, and with uneasiness. Countenance presenting that anxious expression so peculiar to acute, abdominal inflammations. Pulse, 128. Some pain in the frontal region of the head. Abdomen swollen and tympanitic, and so very painful I deferred its exploration until she was well under the influence of anodynes.

Treatment: opium powd. ipecacuanha aa. grs. 8. Mix and divide into eight portions. Give two the first hour, one every hour thereafter.

Progress of case: I was called four hours from date of first visit, being told the patient was much worse, *i. e.*, more pain She had taken five powders. Was not nauseated, and said the pain was much more intense. I prepared a solution of morphia, grs. eight to the ounce, of which I gave one drachm the first dose, reducing the number of respirations to eighteen in half an hour, at the end of which time she asked for more, saying it lessened the pain some. I gave one-third of a grain at her solicitation, and my own desire. At the end of fifteen minutes, as the last dose given produced no appreciable effect, I gave her one-third of a grain more, which she thought gave her a little more ease. At the end of the hour, the intellect remaining clear, the pain acute, the number of respirations eighteen per minute, I gave one-third of a grain more, making two grains of morphia administered in one hour.

The second and third hours, she took one and a half grains each hour, reducing the number of respirations to twelve per minute. The pupils were contracted, and the mind somewhat affected, but conversed intelligently when fully aroused. Physical exploration of the abdomen revealed a tumor in the right inguinal region, much the shape and nearly the size of an orange. It was here the pain was most acute. Directed the right inguinal region to be painted with comp. sol. iodine. The abdomen to be covered with flannel, moistened with warm turpentine. Left directions with an intelligent and educated lady to give the solution in half-drachm doses, not oftener than every fifteen minutes, unless the pain increased in severity, and the number of respirations were becoming more frequent. If reduced below twelve to the minute, to suspend its administration until they again arose.

At 10 P. M., the prescription was duplicated. She took one grain per hour since my call in the afternoon. Nov. 12. A. M.: Suffering intensely, owing to a reduction of the last two doses of medicine. The 12th, 13th, and 14th, she took twenty-five grs. of morphine each twenty-four hours, with beef tea and thickened milk for diet. Local applications were continued. The number of respirations were frequently as low as ten, and not to exceed thirteen per minute during this time. The abdomen was still distended, being tympanitic, save over the tumor, which neither enlarged or diminished its size. The pulse had fallen to one hundred beats per minute; varying some each way, but not to any considerable extent. 15th. Pain considerably less, yet suffering greatly upon the least pressure.

The doses of morphine to be reduced one-half, which change was not interfered with, and but little amendment on the part of the patient, until the 18th, at which time the distended abdominal parietes became less voluminous, being yet sore upon pressure of rather an obtuse character. At this time, she disclaimed all knowledge of anything that occurred, save the first day of her treatment. She progressed slowly up to date, 23d, about which time she became free from pain, the tumor presenting the same characteristics as when first examined. It was firm and unyielding to the touch. It was undoubtedly benignant in its nature, being probably a fibrous tumor. Her health has remained good up to this date.

Commentary: The tumor was the primary seat of inflammation, without doubt. She

had received no blow, fall or strain. Took plenty of exercise, but did not exert herself beyond her strength. Was not exposed to the inclemency of the weather, in one single instance. The hygienic influences surrounding her were good. In case first, from the best knowledge I have, I do not believe her to have been addicted to the use of opium or alcoholic stimulants. I am satisfied that the opium given was of good quality, and notwithstanding she took, (contrary to directions), fifty grains in one hour, it did not produce even well-marked narcotism. This, to some, may appear incredible, and it is only after a great deal of reflection I have determined to contribute this, being prepared to substantiate what I have averred.

The second case resided but a few steps from my own door, and was frequently seen by me, and though the toxic influence of the drug was marked, yet not to an alarming extent. *Pain is an antidote to opium.* The more intense the pain, the larger the dose of the drug can be administered in safety. Some practitioners are decidedly averse to giving opium in large doses. How they would treat a case of acute diffused peritonitis successfully without it, I know not. The cause must materially influence the treatment. Not long since, bleeding, active purgtion, emetics, a blisters, etc., constituted the treatment. Let us briefly allude to the foregoing modes of treatment. Where dissolution takes place, it is by asthenia. Is bleeding indicated in such a disease? Is purgation the proper mode of treatment in intestinal perforations? Will mercury alone cure the disease? Ramsbotham says (speaking of puerpural peritonitis), "they rarely die, if paralyzed." But he enjoins the use of opium, too. Emetics are depressants, and though exceptionally they might be of value, their general use would bring about what we most fear, depression.

*Quell the pain.* If homœopathic doses will do it, they are large enough. If it requires one or more grains of morphia per hour to do it, they are small enough. So long as there is pain, and the number of respirations are not reduced below eight per minute, there is no danger to be feared from the quantity administered.

## CATARRH OF THE NOSE, THROAT, AND STOMACH, OF EIGHT YEARS' STANDING.

BY JAMES F. FITZSIMMONS, M. D.

Wm. Bowre, about 47 years old, medium height, bilious temperament, and presenting the appearance of a confirmed dyspeptic, consulted me on the twelfth day of September, 1871, for a chronic difficulty of the stomach, which he said had afflicted him for about eight years. The history of his case, briefly stated, is as follows: He was a soldier during the war of Rebellion, for three years. Exposure caused acute pharyngitis, extending through the posterior fossæ; acute inflammation of the schneiderian membrane was established, and from what I could ascertain, I was led to think that tonsillitis was also present, though whether first, or last, I could not determine. Chronic inflammation, or catarrh of the nose and pharynx, was undoubtedly thus established. The mucous membrane, lining the nasal cavities, pharynx, and very likely extending into œsophagus, in this case, was the seat of an intense inflammation. Whether it is possible for it to have extended down through the œsophagus and attacked the stomach, is a question which I shall not undertake to prove. But the subsequent history leaves us only two theories from which we may decide. Following close upon the pharyngitis, pain, and tenderness of the stomach, with disordered digestion occurred, and continued up to the time when I saw the case. The patient assured me that he had suffered greatly from pain in the stomach, head, and chest, ever since his first attack, and that he was also annoyed by a constant discharge of tough, whitish mucus, from the throat, a thinner and more transparent mucous discharge from the nose, which, during the hours of repose would keep dropping drown from the posterior nares into the throat, from which point it was spat out, or swallowed. When I examined the patient, there was marked tenderness over the

epigastrium; percussion over the chest revealed no dulness; ascultation elicited nothing excepting the normal sounds. There was no tenderness over the hypochondria. The bowels appeared undisturbed, though the patient suffered some from constipation. The nose and throat was next examined. The schneiderian membrane was swollen, of a very dark red color. I think it would be better to say that this membrane was hypertropied. The pharynx, posterior part, was streaked from above downward with a stringy, whitish-colored mucus. The mucous membrane was a darker red and in patches, purple color. The tonsils were not enlarged. The patient had been reduced from one hundred and seventy, to one hundred and twenty-five pounds, and he presented a countenance indicative of great suffering; the features were pinched and pointed into a hopeless expression. Diagnosis: catarrh of the nose, throat, and stomach, caused by exposure in the first place, agravated by subsequent colds, unsuitable food, and exhausted by severe military duty (assisted perhaps by chronic diarrhœa).

But why should the stomach continue to be sore and tender after arriving at his home, where he had the best of care; when wholesome food, and good medical attention, both united to aid his restoration to health?

The nutriment could not be digested without intense pain, so much so, that all of the more nutritious food was entirely abandoned, the patient subsisting on small quantities of light, coarse bread, a little milk and tea; and these, he assured me, when partaken of late in the evening, caused so much pain as to keep him awake three-fourths of the night. Eructations were not frequent, nothing but a cutting pain, and burning heat.

Why, again, I asked myself, was it that all the medicine which he had swallowed did him no good? (for he assured me that no permanent benefit had resulted from any medicine he had ever taken) and for years it was his habit to take everything which was prescribed by numerous physicians.

The opinions of physicians differed; some thought his case hopeless, evidently regarding it as malignant; others pronounced it an agravated dyspepsia, and treated it accordingly. After years of suffering and doctoring, he resorted to patent cure-alls, and with how much injury I am not able to say; certain it is with not any benefit.

My conclusion was, as the man was temperate, and prudent, that the secretions from the nose and throat found their way into the stomach, and by reason of their acrid properties, *acted as a continuous irritant.* I informed the patient that this was my opinion, and that it would be necessary to treat the case accordingly, which I proceeded to do, in the following manner: The patient was placed on a chair, with a spittoon directly in front of him. I prepared a solution of nitrate silver, gr. 30 to ounce of water; taking a common catarrhal syringe, I filled it about three-parts full; as much as three drachms of this was thrown up through the posterior nares; the instrument was quickly removed, and the patient instructed to throw his head forward and downward, so as to permit the fluid to pass through, and escape out of the nose; where there is no obstruction this will always occur, provided the patient be always instructed as follows: After being comfortably seated, he should be instructed to open his mouth, fill up the lungs, and hold his breath. The operator must now at once introduce the syringe into the mouth and throat, pass it at once behind the palate, push it upwards as far as the bend (as much as an inch), and throw the contents in as quickly as possible, never giving the patient time to draw his head away. In taking out the syringe, the palate should not be pulled, nor drawn outward by the bulb on the point of the syringe. *Elevate the handle, turn the point downwards at the same time,* and no injury can result. The application in this instance caused a good deal of pain, stermitation and lachrymation, which continued one or two hours. Immediately after the injection, I used a probang, saturated in the same solution, and freely touched every part of the throat, and also passed it for some distance into the œsophagus. Following these applications, there was a great quantity

of ropy, whitish mucus, discharged by blowing, and hawking the spittoon was, I should think, half filled with this tough mucus; when poured out, the last of it drew out into a long, stringy mass.

The patient continued to suffer a good deal of pain in his head during the night, and vomited a little he had eaten. The following morning he reported himself as feeling considerably better, had partaken of a little more food than was usual for him, and felt less pain in the stomach. On the second day I used ten grains of nitrate of silver to one ounce of water, and again used the probang, and prescribed the following mixture for the stomach:

℞—Nitro muriat. acid, ʒ ii.
Tinct gentian ʒ i.
Infu. gentian, ʒ iv.
Tinct. card c. ʒ ss.

One teaspoonful of which was ordered to be taken before each meal. The medicine was not procured until the following day, but on the third morning he reported himself as feeling decidedly better; had slept soundly and had taken considerably more food, and felt little pain. I now substituted acid carbolic, and glycerine, in place of nitrate silver, and used these with a hand atomizer, showering the throat and nasal cavities, regularly once a day; when there were indications present for the use of nitrate of silver, this was used, after the parts were cleansed thoroughly with the douche and showers of spray.

These measures were persevered in for about six weeks, at the end of which time my patient was entirely well, could eat anything he wanted, and had gained thirty pounds of solid flesh. It is now more than a year, and he has continued to enjoy uninterrupted good health; occasionally yet he has some discharge from his throat, after exposure to cold.

If this case is of any importance, or of any interest to the profession, I will give the treatment of a few cases of nasal catarrh, and ozena.

## PROBABLE ENCEPHALOID DISEASE OF THE LEFT KIDNEY.

REPORTED BY J. A. HAMILTON, M. D. ODIN, ILLS.

I was requested on Monday, 3d inst., by Dr. J. J. Fyke of Odin, to accompany him to Mr. Harris, about two miles south of their farm, to assist him in the *post mortem* examination of a child, aged about eight years, who had died the day previous (as was diagnosed by Dr. Fyke), with a tumor of the abdomen; but Dr. Patten of Walnut Hill (a regular knight of the steam tub, pepper and lobelia), who had been called in consultation with Dr. Fyke during the illness of the child, pronounced the disease a simple abcess of the bowels; recommended that it should be punctured, its contents evacuated, and that the patient would recover. Dr. Fyke differed with Dr. Patten in opinion, and hence the *post mortem*.

We made an incision, commencing at the *regio*-hypogastrica, carrying it along the middle line of the abdomen to the sternum, one other incision beginning just above the navel, and extending it around the left side to the spine, thus laying bare the anterior portion of the tumor. There was nothing remarkable or particularly interesting about the tumor except its immense size; it weighed eight (8) pounds.

For the satisfaction of Dr. Patten, and those who might incline to his diagnosis, Dr. Fyke punctured the tumor in several places, but it discharged nothing but a little serum, and it was adherent to all parts with which it came in contact as the transverse colon, sigmoid flexure, peritonium, and walls of the abdomen. There was no particular base of attachment by which it grew, and was supported by the general system. Its external surface was smooth and regular, and seemed perfectly organized, but upon making a section of it, we found the organized substance about one half inch thick—the remainder, consisting of a broken down, disorganized mass, resembling a powder partially wetted. There was no kidney, or anything resembling one on that side. The other organs were all sound and in healthy condition. Death resulted from pressure upon the diaphragm, obstructing thereby the action of the lungs.

THE
# MEDICAL EXAMINER.
*A Semi-Monthly Journal of Medical Sciences.*
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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## EDITORIAL.

### THE AMERICAN MEDICAL ASSOCIATION.

During the last five or six years, especially, a portion of the medical press in this country has indulged in a chronic habit of criticising, or, more properly, of complaining about everything done by the American Medical Association. According to this portion of the press, nothing done by the Association is done right. If a question is started, and by a proper motion is laid on the table, or its consideration indefinitely postponed without debate, it is said to have been "gagged," or "choked down." If it is discussed fairly and courteously, the discussion is "mere wrangling," and "disgraceful waste of time." If a question of ethics is examined by a committee of the oldest and ablest men in the profession, and decided by the Association, it is all represented as done by political management and intrigue. The results of the scientific work of the Association, though filling a large volume annually, are represented as worthless and discreditable. If the members indulge in liberal social entertainments, they become gormandizers and wine-bibbers; and if they abstain, they are parsimonious and unsocial. In short, the Association, in the estimation of this portion of the medical press, is an utter failure, having existed a quarter of a century, and literally accomplished nothing in the way of promoting either the scientific, educational, or moral interests of the profession. As a rule (and we can at present think of no exceptions), this croaking is done through the columns of those papers or journals whose editors have either never attended or actively participated in the meetings of the Association. In one or two instances they may have sent a reporter to note the proceedings; but, for the most part, they have relied on the imperfect reports of the secular press. Hitherto we have paid little attention to these fault-finders, thinking that they would either get weary of their own work, or commit themselves to some definite plans for remedying the evils of which they complain. And during the present year we have been gratified to find in the columns of most of them positive suggestions for improvement. The *Medical Record*, of New York, for July 1st, took the lead; and like a truly scientific physician, the editor first points out the *cause* of the existing evils. His startling discovery in this respect, together, with his proposed remedies, we give in his own words, as follows:

To Dr. Davis, more than to any one man, more indeed than to any number of men, the Association is indebted for whatever of evil or of good it has accomplished. A natural and practiced speaker, with a talent and taste for business management that is quite rare among physicians, he has from the foundation of the association been one of its leading spirits, and now almost entirely controls it. A large proportion of the delegates are utterly ignorant of the rules of the Association, and are utterly indifferent to its business management; while Dr. Davis is exhaustively familiar with every fact of the Association from its birth until now, and is thoroughly enthusiastic for its welfare; has, indeed, made this matter a specialty of his life. The delegates who vote at all find it easier to vote with Dr. Davis, whom they suppose to know more than any other man about any subject that is presented, than to study it up for themselves, and hence it happens that we have the strange spectacle of a thousand men—the best representatives of the medical profession in America—yielding to one-man power with the most absolute satisfaction and unconcern. If Dr. Davis had gone *alone* into the hall at Philadelphia, made himself chairman, secretary, and treasurer of the Association; if he had proposed and seconded and voted on all the resolutions, the final result would have been just about as it was with a thousand men around him. It was on the Friday morning session that the relation of Dr. Davis to the Association appeared most conspicuous. The order of business was the disposal of the business

on the secretary's table. The secretary began to read the resolutions that had been handed him, and to make motions concerning the publication or non-publication of papers. Then there followed an exhibition, the like of which eye hath not seen nor ear heard, neither hath it entered into the heart of man to conceive—an exhibition which probably is without a parallel in the history of public conventions. Dr. Davis, who had taken a seat near the pulpit, eagerly watched every resolution as it was read, and every motion that was made, and successively disposed of them according to his own wish. Other members made motions to table, to reconsider, or to do this or that; but nothing was finally settled contrary to Davis' wishes. Other voices were heard from near and from far in feeble protest, but all were drowned in this one voice. Meanwhile, from every part of the church, from the pulpit and from the vestibule, men were seen rushing to Davis, and in tones of humility and reverence, such as are supposed to be appropriate for those who address the Almighty—were craving his permission to make or to modify resolutions, to insert this or take out that, as though all well knew that it would be useless to attempt to carry any measure to which he was opposed. The king received his subjects with mingled firmness and gentleness, as every good ruler should; some were favorably answered, others doubtfully, and others sent empty away, sad and discouraged. We give one illustration out of many that might be given. When Dr. Reese's carefully-worded resolution in regard to woman was brought up, a few prominent members seemed to be disturbed lest the Association might again disgrace itself and the country on this subject, and there appeared to be quite a general feeling that perhaps it might not be impossible to redeem the bad record of the past quarter of a century. Then arose Dr. Davis, and half jestingly said that he "preferred to talk with the ladies in Fairmount Park, than talk about them here;" and at once, in the twinkling of an eye, the representatives of forty thousand educated physicians said, Amen!

In short, Dr. Davis was the Association. It was a strange, a sublime, a picturesque sight—this voluntary, unanimous, unswerving and unconscious yielding of a thousand wills to one. If there was any single measure of the Association at the meeting that was at all displeasing to Dr. Davis, he has only himself to blame; he had only to breathe a wish, and it was his.

These words are not in censure of Dr. Davis; they are rather in his praise. But for his watchfulness, care, and supreme influence, the Association might have passed we know not how many absurd resolutions.

Now, it would be very difficult for any one man to fully represent the views of the leading minds of the profession in this country on all the great questions that arise; and Dr. Davis is certainly not the man, for on the woman question, and on certain matters of ethics, he no more represents the best physicians of America than Dr. Martyn Payne's work on Materialism represents modern science. He has a perfect right to his views. He has as much right to worship the eighteenth century as we have to worship the nineteenth. If a man takes pride in being a quarter of a century behind the age, there is no law to interfere with him. He has a legal, though scarcely a scientific or moral right to Bourbonize the American Medical Association; and if the members of the Association allow themselves to vote for wicked and cruel and iniquitous measures, that would disgrace the lowest order of politicians, they must bear at least a part of the blame.

It is not our purpose here to find fault, but to explain what to many has been a great mystery, the failure of the American Medical Association to represent the American Medical profession.

We close with these suggestions: First, let the meetings of the Association be held with closed doors. What would be thought if all the petty squabbles of our county societies were regularly published in the newspapers, so that the world could know by heart every blunder that we make? Why should the vaster, more important, and annually recurring blunders of the American Medical Association be made the property of the laity, and advertised over the land to our perpetual shame? Our friend President Yandell, in his closing address, said that the session "had inspired the spectators in the gallery with a higher respect for the profession in America." Now we venture to say that if the few straggling spectators in the gallery had brains enough to be inspired with anything, it was with a *lower* respect for the medical profession in America; and their feelings must have been shared by all intelligent readers of newspapers.*

* A few years ago, when the Association met in New Haven, a resident of that city, a calm, wise, and judicious man, who had no prejudice against science or our profession, a man in no way cynical, but thoroughly genial as well as scholarly, and who had heard and read the debates in the morning sessions, made this remark: "*The American Medical Association is the greatest of all humbugs.*"

Secondly, as far as possible re-elect delegates so that the Association shall comprise men who know something of its history, rules and management.

Thirdly, banish to everlasting darkness that mass of useless lumber called the Transactions, and all discussions about them, and let the papers that are worth anything be published, in the same century in which they were written, and where they will be read by somebody besides the Permanent Secretary.

Fourthly, let all the important work of the Association be done by *large committees, fairly chosen.*

A body of a thousand men cannot determine complicated questions in a breath; there is a need of the study, and care, and reading, and conference, and time, that only a committee can give.

The charge has been made that the committee on ethics, that has made so much trouble in the country and has done so much dishonor to our profession and our country before the world, is a *packed* committee. We have no evidence of the truth of this charge; but hereafter let the committees be chosen in such a way that no similar charge can be entertained.

Let these suggestions be carried out, and the American Medical Association may become a power instead of a farce in the profession. Its suggestions will be received with respect, even when they are not adopted, and it will elevate instead of degrading the science of America.

So it appears, by the *Record*, that the senior editor of this journal is the all-controlling spirit, who must answer for all the sins of the Association.

We will not stop, however, to waste a moment on personalities. We have given the quotation as a fair specimen of the way nearly all these fault-finders draw on their imaginations for their facts. We are told, in substance, that the *thousand* members assembled from all parts of the country needed only to know the wishes of Dr. Davis on any subject, and they were at once complied with. And the doings of the morning session of Friday are specified as an example, and a vivid picture is drawn of what one might imagine the writer saw passing before him on that occasion. Being wholly unconscious of any such scene as represented in the *Record*, we have taken the trouble to refer to the official record of the proceedings of Friday, and find that during the general session of that day there were thirty-four subjects presented and acted on by the Association. Four of these were resolutions relating to eminent deceased members; eight, resolutions of thanks to different parties; and five were simple motions to refer reports of sections and committees to the committee of publication. Of course, no one thought of voting against any of these. The remaining seventeen related to items of miscellaneous business; and, strange as it may seem after reading the above quotation from the *Medical Record*, no less than eight of these were *not* disposed of in accordance with either the votes or wishes of Dr. N. S. Davis. It appears that he made only two motions during that session: one to refer a certain matter to a special committee, and the other to adjourn. He occupied the floor three times: once in reply to the sweeping assertion of Dr. Gross, that in regard to medical education the Association had been an "utter failure;" once in regard to the proper method of disposing of papers and reports in the Sections; and the third time was the playful remark that he would rather meet the ladies socially in the Park (where the Association had been invited to spend the afternoon), than to hear their merits discussed in that assembly. So far from opposing the "carefully-worded" resolution of Dr. Reese, in relation to the medical education of woman, on the first motion, by which it was laid on the table, he did not vote. At a subsequent stage of the meeting, when Drs. Rogers and Busey explained that the resolution had not probably been understood, and asked for a reconsideration, he voted promptly in favor of taking it from the table and giving it a rehearing.

The truth was, he regarded the resolution as of no practical importance, and felt entirely indifferent as to how it might be disposed of, provided its movers had a fair hearing. And it was not until it became evident, on its second consideration, that the first clause would elicit another discussion on "the rights and capabilities of woman," that he rose and reminded the members that it was

within a few minutes of the proper time for adjournment, and expressed his preference for the society of the ladies in the Park, over the hearing of a discussion on their rights and wrongs on that floor. And if the assembled *thousand* said amen to the suggestion, it was not so much from any magic influence of one man, as it was because the suggestion was in accordance with common sense. It is evident from the whole tenor of the article in the *Medical Record*, that it is the supposed position of Dr. Davis on the "woman question," and on the committee on ethics, that constitutes him a Bourbon and a representative of the eighteenth instead of the nineteenth century.

But here, too, our friend of the *Record* has drawn on his imagination, instead of the facts of history. If he had taken pains to refer to the record of proceedings of the meeting of the Association in Washington, 1870, he would have found that the committee on ethics, of which Dr. Davis was a member, reported unanimously in favor of admitting the delegates from the Woman's College and the Woman's Hospital, of Philadelphia, there being nothing in the Constitution or the By-laws to prevent it. But the Association refused to adopt the report of the committee.

The following year, at San Francisco, he was again a member of the committee on ethics, to whom was referred the credentials of the delegate from the Woman's Hospital of Philadelphia, and said committee declined to express any opinion on the subject until the Association had acted on an amendment to the Constitution, proposed by Dr. Henry Hartshorne, touching the same subject, and the adoption or rejection of which would decide the question referred to the committee. And at the last meeting in Philadelphia, the committee on ethics had no question referred to it touching the rights of woman or woman's institutions. And as to the other so-called great question of the age, the rights and social status of the colored men, it has never been referred to, or considered by, the committee on ethics, either directly or indirectly. Neither has the committee ever made any report touching that subject. There is not in the Constitution, By-Laws, Ordinances, and Code of Ethics of the American Medical Association, one word or syllable in relation to distinctions of sex, race, or color. And as an individual member of the Association, Dr. Davis has opposed all propositions to change this position in any of these respects, believing it better that every annual meeting should be left free to exercise its own judgment, untrammeled by constitutional barriers. Whenever his opinions or council have been asked touching these matters, he has uniformly advised that whenever a delegate presents properly attested credentials from any society or institution *entitled to representation* in the Association, such delegate should be admitted without a single question in regard to individual sex, race, or color. And if a delegate presented credentials from a society or institution concerning which the registration committee had charges or information of ineligibility to representation, such committee should report the facts to the Association for its action.

Having thus disposed of the more personal aspect of this subject, we shall in future numbers devote a few pages to a careful examination of the various propositions for improving the organization and working power of the Association, hoping that it may prove both interesting and useful to our readers.

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Large Doses of Opium.—We publish the article of Dr. Carpenter, in the present number of the Examiner, because we think it desirable that such facts, when they exist, should be put on record for reference; yet we cannot recommend the use of such enormous quantities of opium. To give from three to five grains of opium in substance, every fifteen, thirty, or even sixty minutes, is faster than the mucous membrane of the stomach will absord it; and there must always be great danger of such an accumulation of the drug as will endanger the life of the patient, whenever the intensity of the pain abates. If we admit Dr. C. to be correct in the supposition that the opium he used was of good quality, we cannot explain the re-

sults, except on the assumption that the stomach was in such a condition it did not absorb the active constituents of the drug, and they passed the bowels with the fæces.

IMPOSITION.—We have received a *hand-bill* from Momence, Ill., headed "To the Sick," in which Drs. Gray and Cole make large promises in regard to curing all chronic diseases; and as references, at the bottom of the bill, are the names of "N. S. Davis, M. D., LL.D.; Moses M. Gunn, M.D.; and S. Small, M.D., of Chicago." Having never authorized any such use of our name, either with or without the anomalous "LL.D.," the only recommendation we can give concerning Drs. Gray and Cole, is, that they be rode on a rail out of every town in which they post such a hand-bill.

## Gleanings from Our Exchanges.

### CLINICAL SIGNIFICANCE OF SPUTA.

Dr. A. J. Steele, of St. Louis, writes to the *Medical and Surgical Journal*, of that city:

We have not been able to diagnose pulmonary tuberculosis by means of the tubercle cell found in sputa; and while willing to believe that there is a tubercle cell, *sui generis*, which if found in expectorated matter would afford sufficient evidence of the presence of tubercle in the lung, still, practically, this is not known to be possible; for there are so many other elements going to make up the mass of the sputa, namely, epithelial, pus and mucous cells, granular matter, broken down and degenerated tissue, that our cell tubercle, if actually present, is so obscured and concealed as not to be recognized; again, if present, it has so undergone disintegration as to have lost its characteristics, and thus cannot be made available.

The microscope detects in expectorated matter but a single substance that may be considered pathognomonic, namely, elastic tissue. Its presence signifies lung destruction, brought about by inflammation and ulceration, the latter process not confining itself superficially to the mucous surface, but having extended deeper into the parenchyma itself.

The basement framework of those organs so beautifully adapted to the aeration of the blood, reminding one, with their open spaces and interstices, of sponge, is composed of elastic tissue, which, being of comparatively low vitality, *i. e.*, less vascular than most other tissues, is but slowly susceptible to the destructive process; and thus from ulcerative action fragments of it will be detatched and thrown off, still retaining, however, their histological arrangement, being thereby readily recognized under the glass. All sputa does not contain it, but when found it points unerringly to but one source, and thus its clinical importance.

While the appearance of these elastic fibrillæ is peculiar, yet the novice might confound them with the fibre of linen, silk, or cotton. Still, each have their characteristics, and a little practical observation will enable one to distinguish each from the other. So, also, the curved streaks of mucus so often present have been mistaken for elastic fibres. A drop of acetic acid at once decides the difference. Elastic fibres are curved, divide dichotomously, are of equal width, sharply contoured, and remain unaffected by acetic acid; once seen, are ever after recognized; best studied from section of healthy lung.

If from the sputa is taken a small quantity of the paler portion of the lumps, and if the grayish masses especially are examined on the slide, the elastic tissue will ordinarily be found. Specimens from different portions of the sputa should be subjected to the glass; a delicate hook to catch up, and scissors curbed on the flat to nip off the matter examined, are convenient. A drop of acetic acid, which dissolves for the most part the substances present, brings out the elastic fibres more decidedly. When much in doubt, it is well to boil the suspected expectoration in *liquor sodæ*. On cooling, the elastic tissue falls to the bottom of the settling glass, and can readily be removed with the pipette. A power of 300 is quite sufficient to exhibit the fibres.

Such a simple matter is this examination, that I am in the habit of subjecting the expectorated matter of most patients afflicted with lung trouble to it.

The special practical importance of this sign is its early recognition of the destructive changes taking place, before other signs indicate it; before even it is suspected, the microscope tells the certain story of disintegration of air vesicle walls. If diagnosis is much in the practice of medicine, surely an early knowledge of the facts is all the more important. "Had I seen the case earlier, or had I only known in time," so often remarks the medical man, "the issue would have been different." While undue prominence should

not be given to the microscope, still it should hold its legitimate place in the means employed to diagnose disease. Too much neglected in the past, the day comes when it will be found a working tool in the hands of every physician.

Lung destruction associated with tuberculosis is much less amenable to treatment than when it is simply an inflammatory affection. The concomitant symptoms in the former case, the hereditary and personal peculiarities, with the history, enables it to be readily distinguished, and makes the prognosis guarded; while in the latter case, a good result would be expected, even though a cavity in the lung should have been found. Just here, and in conclusion, we cannot avoid the suggestion that old cicatrices found in post mortem examination of the lungs, and proclaimed to be evidence of pulmonary consumption cured or arrested,* have been proof merely of nature's repair of excavations produced by a simply ulcerative process entirely unconnected with the tubercular diathesis. These become the cases of so-called "spurious consumption."

## VIRCHOW ON COHNHEIM.

The position which Virchow would take on Cohnheim's discoveries has been a question of profound interest to the scientific world ever since the announcement of the "migration theory." For nearly two years the great master has withheld his opinion of the value and significance of the results claimed by Conheim, one of his most illustrious pupils, a fact which has given rise to much speculation on the part of those who "only swear by Virchow" as to the real import of Cohnheim's investigations. The publication of the new edition of "Virchow's Cellular Pathology raises the veil at last and squarely exposes his views of those more recent discoveries which seemed to threaten the foundation of Virchow's life-time labors.

Virchow still maintains, to the letter, his old opinions concerning the process of inflammation. It is observed in its simplest forms in non-vascular tissues where it induces nutritive and formative changes in the cells. In vascular tissues the vessels are brought into the same scale of changes; white blood corpuscles escape from the vessels and the process is thereby complicated.

Concerning suppuration, Virchow expresses himself (p. 536) as follows:

"The more profound, properly ulcerative suppuration takes place regularly in connective tissue or its equivalents. There is first an increase in the size of the cells (connective tissue), the nuclei divide and proliferate in high degree for a considerable time. Very soon there follows then division of the cell elements themselves. In the vicinity of the region of irritation, in the place of the former individual cells, there are found double and manifold cells from which is developed usually a new formation, homologous in kind (hyperplastic connective tissue). Inwardly, where the cells were already filled with nuclei, masses of small cells appear which at first maintain the position and form of the former connective tissue corpuscles. Somewhat later are encountered roundish masses (depositions, abscesses) or diffuse infiltrations within which connective tissue is extremely spare, and as the deposition increases the connective tissue becomes more and more rare and soft. How great a share the immigration of white blood corpuscles takes in this procedure must be left to further and more accurate observation. Many modern and rather one-sided investigations, evidently deduced from false premises, have given a wrong interpretation to these processes. Yet this is all the more pardonable in that we ourselves have been just as one-sided hitherto in our consideration solely of cell proliferation. As to the later course of the inflammatory process, it matters little whether the new cells are ascribed to proliferation or immigration."

And again, as a characteristic selection:

"The investigations into the immigration of the colorless blood cells are far from shaking my doctrine of cell derivation from previous cell, '*Omnis cellula cellulis*;' they have only served to confirm it. Much of error in interpretation has been corrected by this discovery, but the cellular principle receives from it an essential support. Whether a great part of the exudated cells arises directly from the blood, or whether these cells, as Stricker claims, divide and still further increase in the exudation, it matters not; the young breed, in either case, springs from previous cells.

"Plastic exudations are no longer plastic in the old sense of the word, and it is not the free plasma or fibrin which furnishes new cells by organic crystallization, not the intercellular substance which, as cytoblastema (Schwan's doctrine still of cartilage) produces new elements from itself, but it is the cell substance itself, the protoplasma of our day, from which, in the course of continuing proliferation, the organic entities are newly formed. The formative force (nisus formativus), the plastic power (vis plastica) belongs

*Watson's Practice, ed. 1858, p. 630.

still to pre-existent elements, not to the blastema, the succus nutritius. It is strange that there are a few who maintain that my whole theory of tissue construction was erected upon connective tissue; that it was only from connective tissue that new elements could be developed. At no time have I cherished such a view. I have at all times recognized the formative properties of the epithelial formations. It was I who first described the proliferation of the nuclei in the primitive muscular bundles, and of the capillaries during the process of irritation; more than all this, at a time when the colorless blood corpuscles were almost disregarded, I referred to these corpuscles the organization of the thrombus. I am very far, then, from opposing myself, in envy, against any positive advance in our science; on the contrary, I hail every new discovery in this department as a new weapon in defense of my original views. —*The Clinic.*

## A CASE OF EXTRA-UTERINE GESTATION.

BY JEAN PAUL BONSIEUR.

*Rupture of the Large Intestine; Cesarian Section; Cure; by L. Adams, Surgeon to the Hospital of Sorocaba,* (Brazil).

Blandina de Barros, a mulatto, æt. 30, entered the hospital, October 13; she stated that her pregnancy was between the seventh and ninth months, and complained of pains across the epigastric region and in the loins. At the end of the ninth month these pains ceased, a general œdema invaded the body. We had, before her entrance, treated her for an ovaritis or metritis and so weakened her by medication that she was extremely reduced. The odor from the body was so great that no one was able to take care of her; she had an ulceration and a fistula near the umbilicus which permitted the escape of pus and excrement; and for a month pus was abundantly discharged from the rectum.

On her entry to the hospital M. Adams found her pregnant, but the uterus was empty; an injection thrown into the fistulæ returned by the same opening forcing out pus and fecal matter; on introducing a small pair of forceps he withdrew a bone, the radius of the infant, and afterwards a cuboid bone. Seeing the state of the patient, M. Adams decided on the performance of Cæsarian section. The patient was anæsthetised; he made a long incision of six inches through the abdominal walls and the adherent peritoneum. He tried to pass his finger through the opening, but met considerable resistance; he then cleansed the wound, finding a great quantity of false membranes adhering to the peritoneum, and a fibro-vascular tissue forming a second diaphragm enveloping the intestines and concealing the fœtus.

After a long dissection of the ovaries we arrived at the fœtus, which was extracted in a state of putrefaction, but with the loss of hands and feet which had escaped by the rectum, for the patient had, for near a month, loss of putrid matters by the rectum. Having cleansed the wound with a sponge impregnated with chloride of sodium, oil of camphor and benzoine, M. Adams found the uterus normal, and the only communication with the intestine was through the Fallopian tubes. The ovaries were nearly atrophied. There were three fistulæ from the rectum communicating with the abdominal cavity. The large intestine was divided and ulcerated; it was impossible to discover the termination, which was lost in the mass of tumor. The intestine is completely concealed in false membranes. The sphincter ani has lost all contractile power; to the left of the ovary we found a fistulous opening, which we recognized as the intestine. Dressed the wound and administered for the night an opium pill and an ounce of aromatic confection. In the morning the patient said it had been long since she had slept so well.

Oct. 14. The pulse 55; great debility. The patient had had a chill and complained of exhaustion. Ordered port wine and quinine. A great quantity of pus and fecal matter came through the incision.

From this time an improvement continued; on Nov. 10th cicatrisation was complete, and the feces found exit from the normal outlet. —*Gaz. Med. de Paris,* Aug. 10, '72.—*The Clinic.*

Transplantation of Black Skin. — M. Reverdin proposed the two following questions in his communication concerning skin grafts. 1, Is the graft an excitant to the action of the skin? 2, Is it the cells of the graft that multiply? M. Bryant adopts the latter opinion. A white man had a large ulcer of the leg. The surgeon transplanted upon it skin from a negro. The ulcer dimished in extent, and the black skin increased.

Apropos of this fact, the same author observes that it is better to transplant from the same individual than from another, as in this way danger of communicating cancer or syphilis is avoided.—*Gaz. Med. de Paris,* Aug. 24, '72.—*The Clinic.*

Recent Researches of Prof. Brown-Sequard on Epileptoid Convulsions.—At the stated meeting of the New York Pathological Society, Sept. 25th, Dr. Brown-Sequard gave, in a brief manner, some new facts in regard to the production of epileptoid convulsions in animals, especially the Guinea pig.

The first animal exhibited had been operated upon so as to expose the spinal cord. This operation in the Guinea pig, as was long ago demonstrated by the speaker, is almost invariably followed by convulsive attacks similar in three essentials to those of epilepsy in the human subject. By irritation of what the doctor calls the epileptic zone, the skin of the neck near the ear, convulsions can be produced at will; the movements last from thirty to sixty seconds. Animals so operated upon never recover. The injury is irreparable, and after some months death takes place. A recently discovered and very interesting fact with regard to the production of these convulsive movements in the Guinea pig, is that injury to other nerves will be followed by phenomena similar in all respects to those produced by injury to the spinal cord.

*Division of the Sciatic nerve* in the Guinea pig produces results similar to, if not identical with, those produced by injury of the spinal cord.

In this pig, remarked the professor, the sciatic nerve has been divided quite recently. I now irritate, by pinching the skin of the neck, and you notice that the animal is thrown into violent convulsions, of short duration.

Another animal was exhibited, in which the operation had been done some time ago. In this animal the convulsions could be produced with difficulty, as recovery was beginning to take place.

Another one was shown, nearly well, in which, after powerful pinching of the epileptic zone, no convulsions resulted. In these animals, recovery takes place when the divided nerve is re-united. You will observe in two of these pigs that the toes of the leg supplied by the divided nerve are gone; the animal itself has eaten them off. The explanation of this fact is very simple: sensation of the part is abolished, and the pig eats it, just as it would anything else that came in its way. Here you notice one toe is left; it is supplied with *sensation* by a branch of the crural nerve, and has, therefore, escaped destruction. I have said that animals, after a certain length of time, recover. This is shown by increased sensation in the epileptic zone, and by the falling off of the hair at the same spot. And now comes a very remarkable fact. These peculiarities or traits induced by this operation are *transmissable.* The young of the toeless father or mother, when also born without toes, are liable to convulsive seizures precisely similar to those of the parents, and recovery is preceded by falling off of the hair at the epileptic zone.

The facts show the wide range of phenomena produced when the nerves are injured, and no one observer, no matter how diligent, is capable of interpreting them. In conclusion, Dr. Sequard urged upon the younger members of the profession the necessity of aiding him in these investigations. The operations are simple, the results manifold and complex, and need careful observation and truthful record.

Dr. Sequard will, at an early date, give a series of lectures upon the results of his recent researches.—*Medical and Surgical Reporter.*

Healing of Ulcers by Serum.—I have had several opportunities, during the year 1871, of trying the method I explained the previous year, of healing ulcers by covering them with serum. I propose to enlarge the observations during the coming year, and vary the methods already employed. Several striking results have, however, been got. In one case, for example, a sore the size of a penny was healed in forty-eight hours; in another, one of three ulcers, each abou the size of a florin, was experimented upon, and closed in three days, while the other two, in all respects similar, but treated by "water dressing," remained unchanged. In another case four hours and a half sufficed to produce a thin bluish covering of epithelium, like the "healing line" along the edge of contracting sores. Considerable care is requisite to ensure success, as the fluid must be carefully protected from contact till it "sets." When these experiments are complete, I will give an account of them.—*Glasgow Medical Journal.—Canada Lancet.—The Clinic.*

Death of Phila. Physicians. — The last number of the *Phil. Med. Times* (Oct. 5, '72) records the death of Prof. Edward Parrish of the Phil. College of Pharmacy, author of the well known Parish's Pharmacy, and of Dr. George Pepper, Accoucheur to the Philadelphia Hospital.

A Nut for Vital Statisticians. — During the recent strike of the scavengers of Edinburgh, the mortality of that city fell to 15 per 1000, far below the ordinary average.

Ingrowing Nail.—I desire to add a mite to the evidence repeatedly given in the *Journal* that the removal of the nail (to my knowledge not always successful) is unnecessary.

About twenty years ago, I applied a bit of compressed sponge to afford temporary relief, and was delighted to find that it effected a radical cure. I make the sponge as solid as leather, by wetting, and then winding string very tightly round it, and drying it thoroughly. Of this, I cut a small pyramidial piece, less than a grain of rice. This I insert beneath the nail, and secure it by strips of adhesive plaster, applied longitudinally, to avoid compression. The sponge soon becomes moist, and swollen, keeping the nail from the irritated flesh. Any granulations should previously be destroyed with strong nitric acid. I have adopted this plan upon many occasions, and have never found it to fail. — *Benjamin Blower — Brit. Med. Jour.*, Sept. 21, '72.

## Book Reviews.

Epidemic Cerebro-Spinal Meningitis, with an appendix on some points on the causes of the disease, as shown by the history of the present epidemic in the city of New York. By Meredith Clymer, M. D. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co. Price, $1.00.

This is a small monograph of 60 pages, reprinted from the author's additions to the American edition of Dr. Aitken's "Practice of Medicine." From the statistics of the Health Department of New York city, the author has compiled a short history of the present prevailing epidemic in that city, with a view to throw some light on the vexed question of the causes of the disorder. The following quotations embody the main facts evolved from the history.

Cerebro-spinal Meningitis made its appearance as an epidemic in the city of New York, for the first time, about the beginning of the present year (1872). The first series of recognized cases were reported to the Bureau of Sanitary Inspection of the Health Department on the 6th of January. There is no doubt that isolated cases had occurred during the previous year. From January 6 to May 31, inclusive, *six-hundred and thirty-two* (632) cases have been reported to the City Sanitary Inspector, and *four-hundred and sixty-nine* (469) deaths to the Bureau of Records of Vital Statistics. This does not include all the cases happening during that time, for at the beginning of the epidemic, many physicians, from want of personal familiarity with the disorder, failed to make a correct diagnosis, and neglected to report their cases.

At the time of the outbreak of the epidemic there had been a long drought, and the rain-fall had been less during the last three months of 1871, than in the same period of time for some years. The streets and avenues were in a filthy condition; in all, but particularly in those wards which became the chief nests of cerebro-spinal meningitis, there were large collections of garbage, and, necessarily, a great deal of vegetable and animal decomposition. A peculiar and disagreeable odor and taste in the Croton water during the winter and spring, had been noted and commented on. An increase in the common zymotic diseases had been reported to the Health Department. The long-lasting drought had been favorable to the contamination of the springs and wells by the products of vegetable and animal decomposition. The continued absence of rain in the city favored the exhalation of noxious gasses from the heaps of decaying vegetable and animal matter, promoted evaporation from the deep soil, and hindered the proper flushing of the sewers. Reference to the accompanying map, so carefully prepared by Dr. Moreau Morris, City Sanitary Inspector, — and which he has most generously permitted to be engraved for and published with this essay, — will show that the chief nests of the epidemic were in those districts in which the original water courses had been dammed by the filling up of streets and avenues, and over the adjoining water-saturated land. Most of the cases of the disease were grouped on and about the made land, originally marshes. One of the most striking examples is in Collect Place, a swampy spot in the Fourth Ward. Basements over these marshy places were never dry, and the walls are often covered with cryptograms.

In those districts where these factors were absent, the elected haunts were densely populated tenement dwellings, in which the house drainage was invariably found in bad condition. The part played by the diffusion of foul sewer gases in favoring the development of the disease would seem, by the collected evidence, to be unquestionable.

Dr. Morris writes: "Wherever we have carefully examined the local conditions, it has been found that the drainage of the premises has been faulty, or that the immediate sur-

roundings have presented such conditions as must necessarily give rise to some form of disease, — cellars containing decomposed or decomposing vegetables, garbage, or other filth, in a putrefactive condition, and privy vaults located beneath the sleeping-rooms, windows in cul-de-sacs, where there were no free currents of air. The most usual defects discovered were connected with house drainage. These cases are not confined to the abodes of the dirty, squalid, and poor, but houses of a better class, with brown-stone fronts, have furnished their victims. There can be no doubt that overcrowding, with its attendant evils, accumulations of ordure, refuse, and various kinds of filth, absence of a proper supply of pure, fresh air, and personal neglect, invite and aggravate certain epidemic tendencies, and, consequently, we find on examination of the map indicating the localities where cerebro-spinal meningitis has prevailed, that the largest proportion is to be found where these conditions obtain. In wards where the population is very dense, and live under these unfavorable influences, there have been many more cases than in other wards with better hygienic surroundings."

There is no evidence of the propagation of the disease by contagion or infection. Persons ill of it were constantly removed to other and healthy localities, and yet careful investigation shows no case following exposure in individuals who were in direct contact with the sick.

The largest number of cases occurred as single ones in separate localities. In houses in which there was more than one case, they were, as a rule, limited to one family, or occasionally to two living in the same dwelling, or on the same floor, and exposed to the same ætic factors. Several persons were attacked when away from their homes; in some of these, the local influence could be clearly made out, and such observations are, moreover, valuable by showing a period of incubation, notwithstanding the usual absence of percursory symptoms, as before stated, and the suddenness of the seizure.

Principles and Practice of Surgery. By Frank Hastings Hamilton, A.M., M.D., LLD., etc., etc. Published by William H. Wood & Co., New York. 1872.

Prof. Hamilton first became known, nationally, by means of his statistics upon fractures, by means of which he demonstrated the necessary imperfection of results in most cases of broken bones. This work, by showing the absurdity of demanding perfect results in the treatment of fractures, furnished a weapon of defence in mal-practice suits, which was made use of with excellent effect, and did much to put an end to the mania for prosecuting physicians, which was then going like an epidemic over the country.

Afterwards, Prof. H. published a work on fractures and dislocations, which, though carelessly written in certain parts, was full of thorough investigation in others, and is probably the best book in the world on that subject. He also issues an excellent book on military surgery, which is widely known.

The present work, therefore, is sure to command attention. It is an octavo in one volume, of 950 pages, and illustrated with 467 wood cuts. Part first is on general surgery. It comprises chapters on inflammation, abscess, ulceration, gangrene, tetanus, wounds, venereal diseases, aneurism, etc., embracing all affections and operations which are not necessarily limited to a particular region. Part second is on regismal surgery. In the chapters on syphilis, Dr. Hamilton seems to lean to the ideas of the dualists, but does not very clearly enunciate any opinion on the subject.

In respect to antispeptic surgery, the book is extremely vague and unsatisfactory, which, considering the present state of knowledge on that subject, is to be regretted.

In fractures and dislocations, on the contrary, the discussion is clear, full, and admirable. In dislocations of the hip-joint, the author has availed himself of Bigelow's investigations, and is the first author of a general surgery, to put that topic on its new and revolutionized basis. On the whole, this is one of the best text-books upon surgery which we have ever seen, and we recommend it highly to the profession.

E. Andrews, M. D.

Transactions of the Twenty-second Anniversary meeting of the Illinois State Medical Society, held at Rock Island, May 21st and 22d, 1872.

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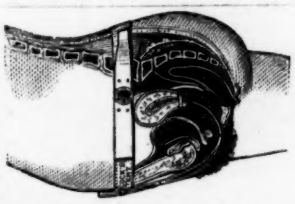

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